



REQUEST FOR MODIFICATION OF BUILDING ORDINANCES

UNDER AUTHORITY OF L.A.M.C. SECTION 98.0403

PERMIT APP. #:	DATE:	For City Dept. Use Only
JOB ADDRESS:		
Tract:	Block:	Plumbing
	Lot:	
Owner:	Petitioner:	
Address:	Address:	
City State Zip Phone	City State Zip Phone	

REQUEST (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY) Permission to install and maintain non-listed gas sub-meters.	CODE SECTIONS: L.A.M.C. 94.701.1(2)(a)
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JUSTIFICATION (SUBMIT PLANS OR ADDITIONAL SHEETS AS NECESSARY)

There are no listed gas sub-meters. The proposed sub-meters are designed to be in contact with gas.

 Owner/Petitioner Name (Print) (Signature) Position

FOR CITY DEPARTMENT'S USE ONLY BELOW THIS LINE

Concurrences required from the following Department(s)			Approved	Denied
<input type="checkbox"/> Los Angeles Fire Department	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Works Bureau of Engineering	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of City Planning	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of County Health	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	Print Name _____	Sign _____	<input type="checkbox"/>	<input type="checkbox"/>

DEPARTMENT ACTION

GRANTED **DENIED**

 Reviewed by: (Staff) (Print) Sign Date

 Action taken by: (Supervisor) (Print) Sign Date

NOTE: IN CASE OF DENIAL, SEE PAGE #2 OF THIS FORM FOR APPEAL PROCEDURES

CONDITIONS OF APPROVAL (Continued on Page 2):

1. The makes and models of the sub-meters shall be specified on the approved plans.

2. The product literature shall specifically show that the proposed meters are designed to be installed in gas systems.

(Continued on page 2)

FEES (DEPARTMENT USE ONLY)

Appeal Processing Fee.. (No. of Items) =	1	X \$130 + \$39/addl	= _____
Inspection Fee (No of Insp.) =		X \$ 84.00	= _____
Research Fee ... (Total Hours Worked) =		X \$104.00	= _____
Subtotal			= _____
Development Services Center Surcharge	X 3%		= _____
Systems Development Surcharge	X 6%		= _____
Total Fees			= _____

Fees verified by: _____

Print and Sign _____

For Cashiers Use Only
(PROCESS ONLY WHEN FEES ARE VERIFIED)

Permit App #:

Job Address:

CONDITIONS OF APPROVAL (Continued from Page 1)

- 3. Product literature showing capacity and pressure losses through the sub-meters shall be provided to Mechanical Plan Check in order to check the plans.
4. The sub-meter nominal size shall be the same size as the pipe it is installed on.
5. The pressure losses through the sub-meter shall be accounted when sizing the gas system.

CITY OF LOS ANGELES
BOARD OF BUILDING AND SAFETY/DISABLED ACCESS
COMMISSION APPEAL FORM

(Must be Attached to the Modification Request Form, Page 1)

AFFIDAVIT - LADBS BOARD OF BUILDING AND SAFETY COMMISSIONERS - RESOLUTION NO. 832-93

I, do state and swear as follows:

(Print or Type Name of the Person Signing this Form)

- 1. The name and mailing address of the owner of the property (as defined in the resolution 832-93) at as shown on the appeal application (LADBS Com 31) are correct, and
2. The owner of the property as shown on the appeal application will be made aware of the appeal and will receive a copy of the appeal.

I declare under PENALTY OF PERJURY that the forgoing is true and correct.

Owner's Name(s) (Please Type or Print)

Owner's Signature(s) (Please Sign) (Two Officers' Signatures Required for Corporations)

Name of Corporation (Please Print Name of Corporation)

Dated this day of 20

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT - SIGNATURE(S) MUST BE NOTARIZED

State of CALIFORNIA County of on

before me, Name, Title of Officer (e.g. Jane Doe, Notary Public) Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument in person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

WITNESS my hand and official seal. Signature

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

APPEAL OF DEPARTMENT ACTION TO THE BOARD OF BUILDING AND SAFETY COMMISSIONERS/DISABLED ACCESS APPEALS COMMISSION

Applicant's Name Applicant's Title

Signature Date

Table with columns for Fee Name, Quantity, Unit Price, and Total. Includes rows for Board Fee, Inspection Fee, Research Fee, Subtotal, Development Services Center Surcharge, Systems Development Surcharge, and Total Fees.

For Cashiers Use Only (PROCESS ONLY WHEN FEES ARE VERIFIED)